



TEXAS CHRISTIAN ATHLETIC LEAGUE

PO Box 760211, San Antonio, TX 78245

Office (210)522-1463 Fax (210)675-7602

WWW.T-CAL.ORG

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Application for 4A Membership

Our Standard is... Excellence!

Prospective School _____ *Submission Date _____

Mailing Address _____ Year Established _____

City _____, Texas Zip _____ Website _____

Physical Address (if Different) _____

School Phone _____ Other Phone _____ School Fax _____

ENROLLMENT STATEMENT:

(Boys and Girls Combined Totals)

Number of **Boys** 9th -12th _____

Number of **Girls** 9th -12th _____

Total High School (9th-12th) _____

Administrator email Phone

Athletic Director email Phone

Coach email Phone

Coach email Phone

Coach email Phone

Coach email Phone

Coach email Phone

Coach email Phone

Is your school associated with a church? If so, which one? _____

Our school requests to participate in the following sports or programs in the next school season: If you are a start-up or 1st year athletic program and wish to play a JV schedule only, please write 'JV' next to the sport or category.

4A League Basketball

Post-Grad League Basketball

*Upon submission to the state office your school's application will be reviewed for a determination of the following:

Eligibility: All Applications must be received for Prep / Grad League Basketball must be received by 15th of January. Prep League players may not turn 19 before September 1st of each year. Grad League Basketball players may not turn 21 before September 1st of each year.

Fees: Fee include membership, one preseason, and one post season event.

Acceptance: A majority vote of approval must be obtained from the district schools. If there are no schools aligned in said district or region, then executive approval is acceptable.

School Classification: Based on your team roster of non-graduated and / or age your team will be assigned to the prep or grad league. Birth Certificates will be required upon request.

Character Reference: Any T★CAL schools with whom you have competed will be contacted for a character reference regarding how your school performed over the year with special attention to sportsmanship, game management, etc. This information will remain private at all times.

A confirmation or denial letter will be sent to your administrator's office within 1 week of receipt. If membership is denied, reasons for said denial will be included in the letter, and can be appealed to the ethics committee for further review within 24 hours of receipt.

Please review the fee schedule below, and the T★CAL Manual and by-laws before applying. For questions concerning fees please contact the state office. This is a two-year commitment. Only one year of membership fees are to paid (unless otherwise specified) initially but the second year is required. Other fees will apply. All fees are non-refundable.

FEE SCHEDULE: Upon qualifying for the state tournament, a separate fee of no more than \$250 per team will be required. Other fees may be assessed at the Regional level as needed.

ANNUAL Membership Registration Fee	\$ _____ \$1750
Student Athlete of the Year Scholarship Fund	\$ _____
Fine Art & Academic Fee (Optional)	\$ _____
Year 1 Total: (Due by Immediately)	\$ _____ \$1750
Year 2 Total: (Due by January 31 annually)	\$ _____

Office Use Only
Date App Rec'd _____
Entered by _____

Submitted by, Authorized Agent: Name & Title (print) _____ Signature _____

Approved By T★CAL Director(s), Signature _____ Date _____